

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL
AND
FILED

DOCUMENT # *P96000031017*

1. Entity Name
INDIAN River Agency Group, Inc



08 JAN -2 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 North Orange ST

3. Mailing Address

P.O. Box #100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Fellsmere FL.

City & State

Fellsmere FL.

4. FEI Number

65-0664663

Applied For

Not Applicable

Zip

32948

Country

INDIAN

Zip

32948-0100

Country

INDIAN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul A. Mattfeld (Pres/Treas)

Street Address (P.O. Box Number is Not Acceptable)

429 PAPAYA Circle

City

Barefoot Bay

FL

Zip Code

32976

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul A. Mattfeld

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 Dec 2007

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*PRESIDENT - TREASURER P/T
Paul A. MATTFELD
429 PAPAYA Circle
Barefoot Bay FL 32976*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*700113743227
01/04/08--01009--009 **61.25*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*VICE PRES - REAL ESTATE VP
DONNA M. MILLER
10455 - 134TH CT
Fellsmere FL 32948*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*SECRETARY
VIRIDIANA GAMEZ
55 N. OLANDER ST
Fellsmere, FL 32948*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Deleted -
Barbara A. McFarland*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul A. Mattfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres/Treas 12/Dec/07

Date

(772)

571-1555

Daytime Phone #